USE OF HELICOPTER EMS RESOURCES

PURPOSE

To establish guidelines for the safe and effective use of Helicopter EMS resources for the evacuation, treatment, and transport of sick or injured patients.

HELICOPTER ACTIVATION

- □ Quick Response Team (QRT) members, fire, or ambulance personnel may place a helicopter on standby and/or request a helicopter to respond. However, QRT's should consult with transport unit prior to activation.
- Once the decision to use air transport has been made, the destination facility should be the closest appropriate facility capable of meeting the patient's needs. If possible, on-line medical consultation should be sought to determine patient destination.
- Personnel may cancel helicopter services at any time if it is determined that the patient does not meet guidelines for use of air medical transport.
- □ Request for helicopter support for search and rescue or other non-medical missions must be authorized by County Sheriff/Emergency Management prior to activation.

GUIDELINES FOR USE OF AIR MEDICAL RESOURCES

- The use of air-medical resources may be considered in the following clinical situations:
 - o Patients meeting Physiological (section 1) and/or Anatomical Criteria (section 2) of the Trauma System Entry criteria.
 - Cases of medical illness when it is determined after consultation with medical control that air transport of the patient would be more appropriate than by ground ambulance. Situations may include:
 - ST elevation myocardial infarction (STEMI)
 - Cerebral vascular insult (CVA) with onset ≤ 4 hours.
 - Patients with complicating conditions or complex underlying medical conditions confounding a traumatic injury.
- Operational considerations which may warrant use of air-medical resources include:
 - o Patient access and/or evacuation from an area inaccessible by ground resources (e.g., hoisting operations, search and rescue, and etc).
 - o Environmental considerations causing delay of ground resources.
 - o Multiple patient scenes where the number of patients exceed the capabilities of ground resources.
- □ Transport time of air vs ground must be carefully considered. The use of air-medical transport may be considered in the above situations if air-medical can reduce transport time by 15 minutes or more over ground.

PROCEDURE

Helicopter resources shall be coordinated through agency dispatch centers. The closest available civilian Helicopter EMS resource to the incident will be requested. Situations may arise requiring the request of a specific agency, and nothing within this guideline precludes the use of more appropriate resources in these situations.

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- □ When requesting Helicopter EMS resources ensure an estimated time of arrival (ETA) to on scene is obtained from the responding resource. Ensuring the response time will prove to be valuable and is essential to the appropriate use of these resources. Ground transport should not be delayed waiting for the Helicopter to arrive on scene.
- □ Upon requesting helicopter resources, the following information shall be obtained and relayed to dispatch.
 - o GPS coordinates and location
 - o Approximate patient weight and general condition
 - o General weather at the scene
 - Radio channel for air to ground operations
- ☐ The incident commander or the landing zone coordinator will select a radio channel / frequency for communications with the helicopter and the landing zone
- □ The helicopter(s) should contact the landing zone coordinator as soon as they are in range. If unable to communicate with the helicopter, dispatch may relay through the helicopter operations center.
- □ All communications between the landing zone coordinator and the aircraft should be through "clear text."
- □ Landing zones (LZs) shall be set up as soon as possible. The Landing Zone Coordinator shall be assigned by the Incident Commander.
- □ Elements of the helicopter LZ should include:
 - o An area approximately 100 x 100 feet.
 - The area should be free of obstructions, including overhead wires and excessive loose ground cover (e.g. dust or gravel).
 - The LZ should be clearly marked at four corners with high-intensity glow sticks or other marking devices. Avoid the use of flares or other objects that present fire hazards, or objects which may become airborne due to rotor wash.
- □ Upon making initial contact with the aircraft, the Landing Zone Coordinator should briefly relay the following information
 - Hazards
 - Obstacles
 - o Terrain
 - o Slope
 - o Animals
 - Wind direction

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MILITARY RESOURCES:

- □ The use of military assets should be requested through the Oregon Emergency Management (OEM) duty officer. The Coast Guard or Air National Guard resources will respond to all areas of our jurisdiction and may be utilized when:
 - Civilian Air Medical Resources have been contacted and are unable to respond, or:
 - o The situation requires the utilization of the specialized capabilities (e.g., the rescue hoist) which are not available with Civilian resources and there is a threat to life, limb, or eyesight.
- □ ALS personnel or equipment may not be available on military helicopters. In the event of patient transport by military helicopters, personnel and equipment may be called upon to accompany the patient. Due to weight limitations, this may require the offloading of equipment and personnel from the military aircraft. EMS personnel should assist in returning personnel and equipment to the helicopter upon completion of the transport.
- □ Military helicopters do not routinely carry a medical packaging and treatment equipment. Providers should request any tools needed for patient care while in flight. These tools include but are not limited to:
 - o Stokes basket
 - o Multiple patient carousel (1042nd only)
 - Winch capability
 - o ECG monitor
 - o Patient packaging materials (blankets, etc.)
- Communications and Landing Zone requirements specified above will be adequate for military helicopter use. However, aircraft size should be considered when establishing LZ size. Radio channels/frequencies and GPS coordinates are within the capabilities of the military helicopters.